

WTECB Annual Data Report Form

Data Definitions and Codes

*Note: Please report a **separate file or worksheet for each location** for which you are reporting.*

SCHOOL/ORGANIZATION INFORMATION SECTION:

School/organization Name

Identify the school/organization for which data is being reported.

Physical Location

Identify the actual physical location (address, city, county and state) of the school/organization for which data is being reported. Please complete a separate report form (and save as a separate file) for each location you are reporting on.

Reporting Period

The reporting period is the State fiscal year—July 1 through June 30.

Data Contact Person

Include the name, title, phone number, e-mail address, and FAX number of the individual at your school/organization to whom we should direct questions about the data.

STUDENT INFORMATION SECTION:

Student Name

List all students, last name first, who were enrolled in the training program at any time during the reporting period.

Student Address, City, State, Zip Code

Use the student's most recent mailing address.

Telephone Number

Enter the student's most current telephone number, including the area code.

Social Security Number

Enter each student's social security number, in text format. Please enter as 123456789, with no dashes or slashes. If this information is not available for a student, please leave blank. Do not enter question marks.

Date of Birth

Report as MM/DD/YYYY

Hispanic

Indicate whether or not the student is Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).

- 1 = Hispanic Origin
- 2 = Not of Hispanic Origin
- blank = Unknown

Race

Use the following codes:

- 1 = White/Caucasian
- 2 = Black/African American
- 4 = American Indian or Alaska Native
- 5 = Asian
- 6 = Hawaiian Native or other Pacific Islander
- 7 = Multi-racial
- 8 = Other
- blank = Unknown

Gender

Use the following codes:

- M = male
- F = female

Disability, defined as a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc. Use the following codes:

- 1 = Yes
- 2 = No
- blank = Unknown

Prior Education

Enter the number that corresponds to the highest grade the student completed prior to enrolling in your program.

- 11 = Less than high school graduation
- 12 = GED
- 13 = High school graduate
- 14 = Some post high school, no degree or certificate
- 15 = Certificate (less than two years)
- 16 = Associate Degree
- 17 = Bachelors Degree
- 18 = Masters Degree
- 19 = Doctoral Degree or above
- 90 = Other
- blank = Prior education unknown

Start Date

The date the student started training at your school/organization. Use this format: mm/dd/yyyy.

Exit Date

If the student exited during the reporting period, enter the date the student withdrew from training, was terminated, or completed the program. Use this format: mm/dd/yyyy. If the student was still enrolled in the program at the end of the reporting period, leave this field blank.

Program Title

Enter the title of the program in which the student is/was enrolled at the date of exit or, if still enrolled, at the end of the reporting period.

Program CIP Code

Enter the six digit CIP code corresponding to the program title. If you do not know the CIP code, leave this field blank.

Program Duration

Enter the length of time (in months) that it takes to complete the program with full time attendance. If less than one month, enter 1.

Status

Enrollment status of the student as of the end of the reporting period. Use the following codes.

For students in programs that take 9 months or less to complete:

- 1 = graduated
- 2 = withdrew/terminated
- 3 = still enrolled
- 8 = military leave of absence

For students in programs that take more than 9 months to complete:

- 4 = still enrolled
- 5 = graduated
- 6 = withdrew ***before** completing at least 9 months of full-time (or equivalent) attendance.*
- 7 = withdrew ***after** completing 9 months or more of full-time (or equivalent) attendance.*
- 8 = military leave of absence

For students in programs that take more than 9 months to complete:**GPA**

Please provide the student's final Grade Point Average. If GPA is unavailable or not used at your school/organization, please indicate whether or not the student passed (equivalent of a 2.0 GPA) or failed, on average, the classes taken.

- P = passed
- F = failed

Note: Information you provide on this form does **not** become public record. Individually identifiable information received by the Workforce Training and Education Coordinating Board for research or evaluation purposes are not subject to public disclosure under RCW 42.17.